

From: [DOL DRIVES ASD Contracted Plate Search](#)
To: "Richard Sanford"
Subject: RE: IVIPS Agreement Application
Date: Tuesday, November 08, 2016 12:19:00 PM

Ok the number for Lucy is [REDACTED] 13a Thank you and sorry for the confusion.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: Richard Sanford [mailto:richards@vrcinvestigations.com]
Sent: Tuesday, November 08, 2016 12:05 PM
To: DOL DRIVES ASD Contracted Plate Search <CPS@DOL.WA.GOV>
Subject: RE: IVIPS Agreement Application

We do Claims Investigations for all the major Insurance Companies across the country. WE are the second largest Investigation firm in the Country. Basically Fraud Investigation of all types of claims including Auto Accidents, property claims, commercial claims. Our clients included USAA, Progressive, Zurich, Travelers, The General, as well as self insured companies. Let me know if this is what you needed.

Richard Sanford
Senior Investigator
Veracity Research Co. Investigations
[VRCInvestigations.com](#)
Tel: 1 (800) 654-2185 ext. 715

From: DOL DRIVES ASD Contracted Plate Search [CPS@DOL.WA.GOV]
Sent: Tuesday, November 08, 2016 2:01 PM
To: Richard Sanford
Subject: RE: IVIPS Agreement Application

Thank you but please explain in detail why you need vehicle information. Thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: Richard Sanford [mailto:richards@vrcinvestigations.com]
Sent: Tuesday, November 08, 2016 11:57 AM

To: DOL FAD IVIPS <IVIPS@DOL.WA.GOV>

Subject: IVIPS Agreement Application

Please find attached the completed application requested. I would also like you to add an authorized person to the account. The following is the information on the person to be added as an authorized user on the account:

Lucy Rankin
Veracity Research Co. Investigations
telephone (800) 654-2185 ext. 144

Please call me with any questions you have. Thank you and have a great afternoon.

Richard Sanford
Senior Investigator
Veracity Research Co. Investigations
VRCinvestigations.com
Tel: 1 (800) 654-2185 ext. 715

From: [Mitchell, Susan \(DOL\)](#)
To: ["admin@detentemgmt.com"](#)
Subject: RE: Ivips application
Date: Wednesday, February 08, 2017 12:29:00 PM

Thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: admin@detentemgmt.com [mailto:admin@detentemgmt.com]
Sent: Wednesday, February 08, 2017 12:26 PM
To: Mitchell, Susan (DOL) <SMITCHELL@DOL.WA.GOV>
Subject: RE: Ivips application

Hi Susan,

I attached the business license.

As far as what we search is: Manufactured homes are licensed like a vehicle, and as such we need to run any abandoned homes to locate the owner in order to serve proper paper work to place any liens on it in order for us to remove/take that property over. Such like a vehicle we would locate/remove any abandoned property.

Please let me know if you need anything else

Thank you
Terrie

From: Mitchell, Susan (DOL) [<mailto:SMITCHELL@DOL.WA.GOV>]
Sent: Thursday, February 2, 2017 9:46 AM
To: admin@detentemgmt.com
Subject: RE: Ivips application

Ok thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507

(360) 359-4001

From: admin@detentemgmt.com [mailto:admin@detentemgmt.com]
Sent: Thursday, February 02, 2017 9:45 AM
To: Mitchell, Susan (DOL) <SMITCHELL@DOL.WA.GOV>
Subject: RE: Ivips application

Thank you, Susan.

I'll get back to you as we are a new Property Management company and our Business license is in the mail, I should receive it any day .

Thank you
Terrie

From: Mitchell, Susan (DOL) [mailto:SMITCHELL@DOL.WA.GOV]
Sent: Wednesday, February 1, 2017 1:31 PM
To: admin@detentemgmt.com
Subject: RE: Ivips application

Thank you for your application but you will need to provide more information on why you need information. Please explain your process and provide examples. We also need a copy of your business license. Thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: admin@detentemgmt.com [mailto:admin@detentemgmt.com]
Sent: Wednesday, February 01, 2017 1:27 PM
To: DOL FAD IVIPS <IVIPS@DOL.WA.GOV>
Subject: Ivips application

Please find attached our IVIPS application.

Thank you
Terrie

Administrative Assistant
Détente Management Inc.
7426 SE 27th Street, Suite 1

Mercer Island, Washington 98040

206-772-3000

From: [Mitchell, Susan \(DOL\)](#)
To: ["Scott J. Semmens"](#)
Subject: RE: ivips application
Date: Wednesday, September 28, 2016 2:41:00 PM

Ok her number is [REDACTED] 13a. Thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: Scott J. Semmens [mailto:sjsemmens@reliablecredit.com]
Sent: Wednesday, September 28, 2016 2:39 PM
To: Mitchell, Susan (DOL)
Subject: RE: ivips application

Sharemy A. Martinez is her name.

Scott J Semmens
Manager

Reliable Credit Association, Inc.
PO Box 22829
Milwaukie, OR 97269
Phone: 503-462-3061
Fax: 503-462-3040

sjsemmens@reliablecredit.com

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Confidentiality Notice: The information in this email is for the intended recipient and should not be read by or distributed to anyone else. If you are not the intended recipient, please notify me via return e-mail (or call me at 503-462-3061), delete this e-mail and destroy any hard copies.

From: Mitchell, Susan (DOL) [mailto:SMITCHELL@DOL.WA.GOV]
Sent: Wednesday, September 28, 2016 2:37 PM
To: Scott J. Semmens <sjsemmens@reliablecredit.com>
Subject: RE: ivips application

I just need their name and I can add them. Thank you.

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507

(360) 359-4001

From: Scott J. Semmens [<mailto:sjsemmens@reliablecredit.com>]
Sent: Wednesday, September 28, 2016 2:35 PM
To: Mitchell, Susan (DOL)
Subject: RE: ivips application

Good Afternoon. I need to add a user to my account. Do you have a form I can fill out to add someone or maybe a link? Thanks for your assistance.

Scott J Semmens
Manager

Reliable Credit Association, Inc.
PO Box 22829
Milwaukie, OR 97269
Phone: 503-462-3061
Fax: 503-462-3040

sjsemmens@reliablecredit.com

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Confidentiality Notice: The information in this email is for the intended recipient and should not be read by or distributed to anyone else. If you are not the intended recipient, please notify me via return e-mail (or call me at 503-462-3061), delete this e-mail and destroy any hard copies.

From: Mitchell, Susan (DOL) [<mailto:SMITCHELL@DOL.WA.GOV>]
Sent: Wednesday, December 9, 2015 7:44 AM
To: Scott J. Semmens <sjsemmens@reliablecredit.com>
Subject: ivips application

Thank you for faxing the attached application but your current contract doesn't expire until December 2017 so you don't need to renew until November 2017. Thank you

Susan Mitchell
Dept of Licensing
Public Disclosure
PO Box 2957
Olympia WA 98507
(360) 359-4001

From: [Audrey Villinger](#)
To: [Mitchell, Susan \(DOL\)](#)
Subject: Re: IVIPS Application
Date: Wednesday, March 08, 2017 2:48:16 PM

Hi Susan,

This refers to two specific scenarios:

- We support clients who have parking limitations in place. In some cases we are asked to verify that those parked in restricted areas for prolonged periods of time (e.g. weeks), are employees and/or permitted to be stationed there.
- We are aware of several persons of interest who will try to approach our clients and several have resorted to using different cars. Our security and parking regulations typically mitigate these scenarios, but, in suspicious situations, we are asked to verify whether there is a connection.

I hope this helps but if you or your supervisor have any further questions, please do not hesitate to reach out.

Best,

Audrey

On Wed, Mar 8, 2017 at 11:16 AM, Mitchell, Susan (DOL) <SMITCHELL@dol.wa.gov> wrote:

Hello my supervisor and I have been reviewing your application and we have a question. Could you please clarify what “to ensure physical access controls are in place” means? Thank you.

Susan Mitchell

Dept of Licensing

Public Disclosure

PO Box 2957

Olympia WA 98507

[\(360\) 359-4001](tel:(360)359-4001)

From: Audrey Villinger [mailto:avillinger@sis.us]
Sent: Monday, March 06, 2017 4:07 PM
To: DOL FAD IVIPS <IVIPS@DOL.WA.GOV>
Subject: IVIPS Application

To whom it may concern,

I wish to submit my application for access to the IVIPS. Please advise if you require any further information or documentation.

I look forward to hearing back from you.

Best Regards,

--

Audrey Villinger • Sr. Manager, GSOC & Intelligence Services

Security Industry Specialists, Inc. • Tel [310-215.5100](tel:310-215.5100) • Cell [213-359-9047](tel:213-359-9047) • 24/7 Operations Center [866-500-8899](tel:866-500-8899)

--
Audrey Villinger • Sr. Manager, GSOC & Intelligence Services

Security Industry Specialists, Inc. • Tel 310-215.5100 • Cell 213-359-9047 • 24/7 Operations Center 866-500-8899

From: [Jennifer cook](#)
To: [Mitchell, Susan \(DOL\)](#)
Cc: [Jeffery Scott](#)
Subject: Re: application
Date: Thursday, March 23, 2017 1:28:52 PM

Susan,

Yes, we would still like to move forward. To be clear (so that we are abiding by the laws) the DOL will notify the vehicle owner INSTEAD of Agency Investigation Services and that they will be notified every time.

Thank you,

Jennifer Cook

Private Investigator Supervisor
Agency Investigation Services
Direct 253.722.7177
Office 253.236.2157
JCook@AgencyInvestigationServices.com
www.AgencyInvestigationServices.com

On Thu, Mar 23, 2017 at 1:20 PM, Mitchell, Susan (DOL) <SMITCHELL@dol.wa.gov> wrote:

Thank you for your application. I just tried to call Jeffery and got his voice mail. On the application he state that vehicle owners would not be contacted only to send written notification. I just wanted to let him know that because he is a licensed private investigator that any time he looks up vehicle information we will send a notification letter. So know I just need to know if he want to proceed with applying for an account with us. Please let me know. Thank you.

Susan Mitchell

Dept of Licensing

Public Disclosure

PO Box 2957

Olympia WA 98507

[\(360\) 359-4001](tel:(360)359-4001)

From: Jennifer cook [mailto:jcook@agencyinvestigationservices.com]

Sent: Thursday, March 23, 2017 1:04 PM

To: DOL FAD IVIPS <IVIPS@DOL.WA.GOV>

Subject: application

To whom it may concern,

Agency Investigation Services would like to request access to IVIPS. Please see the attached file containing our completed application and licenses. If you have any questions or require any additional documentation please reach out to me at the information listed below.

Thank you,

Jennifer Cook

Private Investigator Supervisor

Agency Investigation Services

Direct [253.722.7177](tel:253.722.7177)

Office [253.236.2157](tel:253.236.2157)

JCook@AgencyInvestigationServices.com

www.AgencyInvestigationServices.com

Vehicle/Vessel On-line Access Contract Application—IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here [REDACTED]

13a

Company/Agency name Law Office of James W. Draper PLLC		Website	
Contact name. Primary applicant and contract manager James W. Draper		(Area code) Telephone number (425) 646-0104	
Email (required) jwdraper7@gmail.com			
Contact name 2 (if applicable) Dane M. Woldseth		(Area code) Telephone number (425) 646-0104	
Email (required) dane.woldseth@gmail.com			
Physical address of business (number and street) 400 108th Ave NE Suite 420			
City Bellevue		State WA	ZIP code 98004
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603451814
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
We are a law firm representing creditors.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Our practice involves representing clients' who finance auto and boat loans. Reviewing vehicle information is a common part of our practice. Our office may contact our client, the legal owner of the vehicle, in the normal course of our representation.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

James W. Draper

PRINT or TYPE Name

X

Signature of business or organization representative

September 30, 2016 King County
Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Professional Limited Liability Company

Unified Business ID #: 603 451 814
Business ID #: 1
Location: 1

LAW OFFICE OF JAMES W. DRAPER, PLLC
400 108TH AVE NE STE 420
BELLEVUE WA 98004 5508

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:
BELLEVUE GENERAL BUSINESS #146688

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

LAW OFFICE OF JAMES W. DRAPER
— LAW OFFICE OF JAMES W. DRAPER, PLLC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON EXPIRATION DATE

814 1 1
LAW OFFICE OF JAMES W. DRAPER, PLLC
400 108TH AVE NE STE 420
WA 98004 5508
TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE
GENERAL BUSINESS #146688

EXPIRATION DATE

Director, Department of Revenue

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Directory**[Search by Name](#)[Lawyer
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Areas](#)**James Woodrow Draper**

WSBA Number: 9249
Admit Date: 10/30/1979
Member Status: Active
Public/Mailing Address: 400 108th Ave NE Ste 420
Bellevue, WA 98004-5508
United States
Phone: (425) 646-0104
Fax: (425) 646-2867
TDD:
Email: jwdraper7@aol.com
Website:

Practice Information[Back to top](#)

Firm or Employer: None Specified
Firm Size: Not Specified
Practice Areas: None Specified
Other Languages Spoken: None Specified

Liability Insurance[Back to top](#)

Private Practice: Yes
Has Insurance? Yes - [Click for more info](#)
Last Updated: 11/15/2015

Committees[Back to top](#)

Member of these committees/boards/panels:
None

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

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Dane Michael Woldseth

WSBA Number: 40891
Admit Date: 11/18/2008
Member Status: Active
Public/Mailing Address: Law Offices of James W. Draper, PLLC
400 108th Ave NE Ste 420
Bellevue, WA 98004-5508
United States
Phone: (425) 646-0104
Fax: (425) 646-2867
TDD:
Email: dane.woldseth@gmail.com
Website:

Practice Information

[Back to top](#)

Firm or Employer: Law Offices of James W. Draper, PLLC
Firm Size: 2-5 Lawyers in Firm
Practice Areas: Bankruptcy, Business/ Commercial, Collections, Contracts,
Debtor-Creditor
Other Languages Spoken: None Specified

Liability Insurance

[Back to top](#)

Private Practice: Yes
Has Insurance? Yes - [Click for more info](#)
Last Updated: 11/16/2015

Committees

[Back to top](#)

Member of these committees/boards/panels:
None

Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

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Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here

13a

Company/Agency name Hoss & Wilson-Hoss, LLP		Website www.hossandwilson-hoss.com	
Contact name. Primary applicant and contract manager Robert D. Wilson-Hoss	(Area code) Telephone number (360) 426-2999		Email (required) martah@hctc.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 236 West Birch Street			
City Shelton	State WA	ZIP code 98584	
Mailing address of business (if different)			
City	State		ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Law Office; information will be used to locate debtors and identify assets			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
We will provide information to courts in Washington State, mostly Mason County Superior Court and Thurston County Superior Court; all named defendants, through service of process of pleadings			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Robert D. Wilson-Hoss

PRINT or TYPE Name

X

Signature of business or organization representative

10.4.2016 Mason County
Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

The person named on the front of this card is a lawyer admitted to practice in the state of Washington.

This card is the property of the WSBA and shall be surrendered 1) if the holding member ceases to practice law from the WSBA or 2) if the WSBA suspends the member's license.

To verify a lawyer's status, check the Lawyer Directory on the WSBA website at <http://www.wsbar.org> or call the WSBA Service Center at 800-945-9722 or 206-467-9722.



WASHINGTON STATE BAR ASSOCIATION

Active Member

Mr. Robert Dryden Wilson-Hoss

WSBA-ID: 8620

Admitted: 10/1978

Member Signature

Working together to Champion Justice

36304

2016

CITY OF SHELTON
CITY TREASURER'S OFFICE

BUSINESS LICENSE

HOSS & WILSON-HOSS, LLP

IS HEREBY LICENSED TO OPERATE

HOSS & WILSON-HOSS, LLP
236 W BIRCH ST
SHELTON, WA
AT 236 W BIRCH ST

98584

This License must be posted in a conspicuous place at the location.

LICENSE
NUMBER 16-0003120

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name The Law Office of Joshua L. Turnham, PLLC		Website www.turnhamlaw.com	
Contact name. Primary applicant and contract manager Joshua Turnham	(Area code) Telephone number (206) 395-9267		Email (required) joshua@turnhamlaw.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 214 E Galer St., Ste. 100			
City Seattle		State WA	ZIP code 98102
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603590329
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
I am a lawyer, representing consumers. I help consumers who have disputes with new and used car dealerships. If a client has purchased a used car, it is often helpful and necessary to have an accurate history of the car and its title.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
I will only obtain the record information at the request of the owner in order to either determine if they have a legal claim or help facilitate litigation for the owner.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

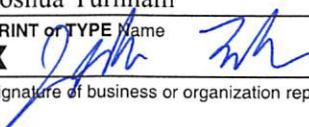
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/6/17 -- King County
Date and place (county) signed

Joshua Turnham

PRINT or TYPE Name

X


Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

**Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507-2957
Fax: (360) 570-7895**

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

1	PRINT OR TYPE Method of access you are requesting		
<input checked="" type="checkbox"/> Internet Vehicle/Vessel Information Processing System (IVIPS) (<i>Individual record inquiries</i>) (360) 359-4001 <input type="checkbox"/> Secure data transfer (360) 902-3673 <input type="checkbox"/> Electronic Lender Transaction (ELT) (360) 902-3708 Service bureau name: _____			
Company/Agency name Intravaia Investigations LLC			
Contact name Michael Javorsky	(Area code) Telephone number (206) 795-4646	(Area code) Fax number	
Contact name 2 (If applicable)	(Area code) Telephone number	email contact@nwseattleinvestigations.com	
Contact name 3 (If applicable)	(Area code) Telephone number	email nwseattleinvestigations.com	
Physical address of business (Number and street) 1216 NE 148th Street			
City Shoreline	State WA	ZIP code 98155	
Mailing address of business (If different)			
City	State	ZIP code	
email contact@nwseattleinvestigations.com	website www.nwseattleinvestigations.com		
You are required to provide one of the items below.			
Tax Identification Number (TIN) _____			
Federal Employer Identification Number (EIN) 6d _____			
Washington State Unified Business Identifier (UBI) 603-244-728			

Agency Use Only

Account number _____	<input type="checkbox"/> New account <input type="checkbox"/> Renewal <input type="checkbox"/> Reapply
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Misuse	

2 Check all that apply to you and/or your business

- | | | |
|--|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Lien service | <input type="checkbox"/> Service bureau for another business
Provide business name: |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Marina | <hr/> |
| <input type="checkbox"/> Auto manufacturer or agent | <input type="checkbox"/> Neighborhood block watch | <input type="checkbox"/> Storage facility |
| <input type="checkbox"/> Bail bonds | <input type="checkbox"/> Newspaper or media | <input type="checkbox"/> Title/Escrow |
| <input type="checkbox"/> Bank or financing firm | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Toll facility |
| <input type="checkbox"/> Business | <input type="checkbox"/> Parking enforcement | <input type="checkbox"/> Towing company |
| <input type="checkbox"/> Commercial parking company | <input checked="" type="checkbox"/> Private investigator | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Credit union | <input type="checkbox"/> Process server | <input type="checkbox"/> Union (non-profit) |
| <input type="checkbox"/> Data broker/Reseller | <input type="checkbox"/> Property mgmt. - Government | <input type="checkbox"/> Vehicle/Vessel dealer |
| <input type="checkbox"/> Debt recovery/Collection | <input type="checkbox"/> Property mgmt. - Private | <input type="checkbox"/> I represent a business that will provide information to another party
Provide business name(s): |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service | <hr/> |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail/Store | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Guardianship/Trustee service | <input type="checkbox"/> School - Private | |
| <input type="checkbox"/> Home owner association | <input type="checkbox"/> School - Public | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Scrap processor or wrecker | |
| <input type="checkbox"/> Hulk hauler | <input type="checkbox"/> Security services - Government | |
| <input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Security services - Private | |

3 Provide a detailed explanation of your primary business activity (exactly what your business does).

Conduct background investigations, locate missing and/or exploited adults and runaways, vulnerable adults, elusive subjects, conduct accident and personal injury investigations, locate and interview defendants, witnesses and victims, conduct bankruptcy and foreclosure estate and probate, child custody and divorce matters, conduct unsolved crimes/cold cases, uncover new leads, review existing case reports, locate suspect/s and witnesses, crime scene inves

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Locate subject's named as defendants in civil cases and their possible addresses. Corroborate allegations of hidden assets. Locate missing persons and/or identify subjects involved in exploiting adults and runaways. Identify subjects leaving the scenes of crimes. Locate witnesses and suspects in cold case death investigations. Locate subjects named as defendants in civil cases for process service.

5 Redisclosure and/or selling of information

Will you redisclose or sell the information to anyone else? Yes No

If yes, which will you do? Sell Provide to others

If yes, to whom will you provide the information? Be specific, list all recipients.

If yes, how do you ensure they have a permitted use under the DPPA and Washington state law? Be specific.

N/A

If yes, how will you supply the information? Describe.

N/A

6 Owner contact

Will you contact the vehicle/vessel owner? Yes No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, how is contact made? Describe.

Contact could be made through telephone, email, letter, and/or in person.

If yes, describe or provide an example of why you would contact them.

I would contact these people in order to obtain additional information pertaining to the case being investigated and/or to establish further leads in a case. Conduct interviews, obtain statements and/or collect evidence.

7 Check all that apply

I represent a Washington State business. Attach legible copies of:

- your current business license.
- any/all professional licenses that you possess.

I represent a business outside Washington State. If your business is not required to be licensed in the State of Washington, attach a legible copy of either:

- your current business license.
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).

I am a process server. Attach legible copies of:

- your current business license.
- any/all professional licenses that you possess.
- registration for county jurisdiction(s).

I represent a government agency. Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:

I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

I am an attorney.* Attach legible copies of:

- your current business license.
- your current bar card.

I am a private investigator.* Attach legible copies of:

- your current Private Investigator license.
- your current business license.

***Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4)**

8 Answer the following

Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application? Yes No

Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? Yes No

Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? Yes No

Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information? Yes No

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Michael Javorsky

PRINT Name

Owner

Title

1216 NE 148th Street

Address

Shoreline, WA 98155

City, State, ZIP code

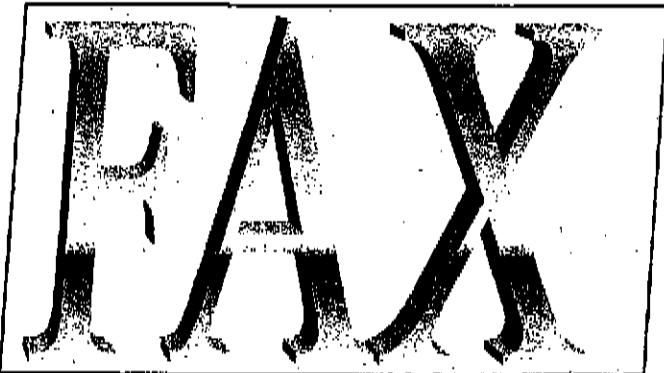
X

Signature

11/08/16

Date and place

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



**Auburn Senior High School
800 Fourth Street N.E.
Auburn, WA 98002
Phone 253.931.4880
FAX 253.931.4701**

To:	Susan Mitchell	Date:	11-28-2016
Company:	Vehicle Records Disclosure Unit	Fax Number:	1(360) 570-7895
From:	ANGELO HERRERA	Total Pages Including Cover:	3
RE:	Run Plates		



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
IVIPS@dot.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dot.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Auburn School District		Website	
Contact name, Primary applicant and contract manager ANGELO HERRERA		(Area code) Telephone number (253) 261-5389	
Email (required) a herrera@auburn.wednet.edu			
Contact name 2 (if applicable)		(Area code) Telephone number	
Physical address of business (number and street) 711 East Main ST			
City Auburn		State WA	ZIP code 98002
Mailing address of business (if different) 711 East Main ST			
City Auburn		State WA	ZIP code 98002
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
I work School security for Auburn School District I need to run plates on vehicles parked on our school campus without authorization, double parked, parked on sidewalks, grass fields.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
I will not contact the owner of the vehicle unless they come to my office asking why they received a parking citation.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

ANGELO HERRERA

PRINT or TYPE Name

X Angelo Herrera

Signature of business or organization representative

11-28-2016

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above)

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Farmers Insurance - Commercial Auto Total Loss		Website	
Contact name, Primary applicant and contract manager Kelly Newton		(Area code) Telephone number (913) 577-7951	
Email (required) kelly.1.newton@farmersinsurance.com			
Contact name 2 (if applicable) Randall Conner		(Area code) Telephone number (913) 577-7952	
Email (required) randall.conner@farmersinsurance.com			
Physical address of business (number and street) 10551 S Ridgeview Rd			
City Olathe		State KS	ZIP code 66061
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Auto Insurance / Insurance Claims Office / <i>Property Insurance</i>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will not sell or provide the information to anyone else. We will contact the vehicle/vessel owner most often contact with the title holder is a result of ongoing submitted insurance claim. Generally by phone, document, and/or email. We will not use the information for commercial purpose, making unsolicited business contact, or promoting the

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/lvlpssprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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- **Business outside Washington State** – Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Kelly Newton

PRINT or TYPE Name

X Kelly Newton

Signature of business or organization representative

11/2/16

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the Internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
Ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name BOB HART CHEVROLET		Website	
Contact name, Primary applicant and contract manager DAWN COATS	(Area code) Telephone number (918) 256-6462	Email (required) hwinesburg@bobhartchevrolet.com	
Contact name 2 (if applicable) Heather Winesburg	(Area code) Telephone number (918) 256-6462	Email (required) hwinesburg@bobhartchevrolet.com	
Physical address of business (number and street) 495 S 7th Street			
City Vinita		State OK	ZIP code 74301
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
We are a dealership and wanting to be able to add liens on title that are going to registered in your state			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
NO			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/vipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/9/2016

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Heather Winesburg

Heather Winesburg

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
 Washington Administrative Code (WAC) 308-10-075, 308-93-087

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- Record all subscribers
- Document the specific permissible use qualification for each subscriber
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Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name Crossroads of Vinita LLC dba Bob Hart Chevrolet		
Address, City, State, ZIP code 495 S 7th street			
Contact name Dawn Coats	(Area code) Telephone number (918) 256-6462	Email hwinesburg@bobhartchevrolet.com	Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subscriber's permissible use			

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STATE OF OKLAHOMA



Certificate of License

UD-2627-17

WHEREAS

The Oklahoma Used Motor Vehicle And Parts Commission
HAS LICENSED

CROSSROADS CHEVROLET OF VINITA, LLC DBA

BOB HART CHEVROLET

495 S. 7TH
VINITA, OK

RECOGNIZED AS DEALER RESPONSIBLE FOR THE MANAGEMENT OF
USED MOTOR VEHICLE SALES
AND ITS REQUIRED PERSONNEL AS PROVIDED BY THE LAWS OF THE
State of Oklahoma

IN TESTIMONY WHEREOF WE SET OUR HAND AND CAUSE TO BE AFFIXED
THE SEAL OF THE
OKLAHOMA USED MOTOR VEHICLE AND PARTS COMMISSION

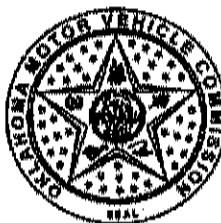


John W. Maile
Executive Director

John T. Longmire
Chairman

Expires: 12-31-2017

OKLAHOMA MOTOR VEHICLE COMMISSION



Certificate of License

**THE OKLAHOMA MOTOR VEHICLE COMMISSION
has licensed**

Crossroads Chevrolet of Vinita LLC dba
Bob Hart Chevrolet
495 S. 7TH ST.
VINITA, OKLAHOMA 74301

AS AN AUTHORIZED DEALER FOR
CHEVROLET

And is responsible for the management of its operations and personnel as provided by the laws of the State of Oklahoma.

IN TESTIMONY WHEREOF WE SET OUR HAND AND CAUSE TO BE AFFIXED
THE SEAL OF THE
OKLAHOMA MOTOR VEHICLE COMMISSION

Dan Mullins

Chairperson

Roy K Dockum

Executive Director

Issue Date: 07/01/2016

Expires: 06/30/2017



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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)**Mail**Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507**Fax**

(360) 570-7895

Phone

(360) 359-4001

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If you currently have an IVIPS number, enter it here: [REDACTED] 13a

Company/Agency name Secure Collateral Management, LLC		Website www.secure-cm.com	
Contact name, Primary applicant and contract manager David Hutsell	(Area code) Telephone number (972) 331-4167	Email (required) dhutsell@secure-cm.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 12620 E. Northwest Hwy			
City Dallas		State TX	ZIP code 75228
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
We will use the information to verify the bank lien prior to repossession. Our company verifies liens and then assigns repossession orders to repo companies for vehicle repossession.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No, we will not disclose it or contact the owner.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

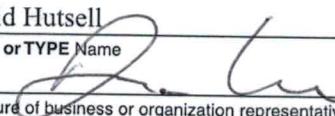
Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11/1/2016 Dallas County, TX

Date and place (county) signed

David Hutsell
PRINT or TYPE Name
X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Private Investigator Robert Gaines

Cascade Investigation & Legal Services
P.O. Box 21
Okanogan, WA 98840
Office: 509-422-0465
Cell: 509-429-5514
Fax: 509-826-9425
E-mail: cascadeinvestigation@charter.net
Web: www.cascadeinvestigation.com
Washington State P.I. License #3036

FAX COVER

Page 1 of 6

DATE: November 3, 2016

TO: *DOL (IVIPS)*

Fax Number: 360-570-7895

FROM: Bob Gaines / Cascade Investigation & Legal Services

Fax number: 509-826-9425

SUBJECT: *IVIPS CONTRACT APPLICATION*

Notes:

PLEASE RESPOND TO CASCADEINVESTIGATION@CHARTER.NET
THANK YOU!

BOB



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Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)**Mail**

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

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If you currently have an IVIPS number, enter it here _____

Company/Agency name CASCADE INVESTIGATION & LEGAL SERVICES		Website www.cascadeinvestigation.com	
Contact name, Primary applicant and contract manager ROBERT GAINES	(Area code) Telephone number (509) 422-0465		Email (required) cascadeinvestigation@charter.net
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 403 EAST DEWBERRY			
City OMAK	State WA	ZIP code 98841	
Mailing address of business (if different) POB 21			
City OKANOGAN	State WA	ZIP code 98840	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601704673
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
PRIVATE INVESTIGATION AND PROCESS SERVICE. THIS ACCOUNT WILL BE USED TO LOCATE INDIVIDUALS FOR THE PURPOSE OF PROCESS SERVICE.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

THE OWNER MAY BE CONTACTED TO SERVE LEGAL PROCESS. THE INFORMATION MAY BE USED IN AFFIDAVITS TO SHOW DUE PROCESS FOR LEGAL PURPOSES ASSOCIATED WITH ATTEMPTED PROCESS SERVICE.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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Submit the following documentation with your application:

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

11-03-16, OKANOGAN COUNTY

Date and place (county) signed

ROBERT G. GAINES

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
2 Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
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Subscriber's permissible use		
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Contact name	(Area code) Telephone number	Email
Providing Information		
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Providing information		
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Subscriber's permissible use		

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BUSINESS LICENSE

STATE OF
WASHINGTON

Sole Proprietorship

ROBERT GERALD GAINES
CASCADE INVESTIGATION & LEGAL SERVICES
403 E DEWBERRY AVE
OMAK, WA 98841-9334

Unified Business ID #: 601704673
Business ID #: 001
Location: 0002
Expires: Oct 31, 2017

PRIVATE INVESTIGATIVE AGENCY TAX REGISTRATION
PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: GAINES, ROBERTG

REGISTERED TRADE NAMES:
CASCADE INVESTIGATION & LEGAL SERVICES

Vicki Smith
Director, Department of Revenue

Director, Department of Revenue

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

**STATE OF WASHINGTON**

DEPARTMENT OF LICENSING - BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

**UNARMED PRIVATE INVESTIGATOR
PRINCIPAL****CASCADE INVESTIGATION & LEGAL SERVICES
ROBERT GAINES
403 E DEWBERRY
OMAK WA 98841**

Licensee Released -

Termination Date / /

3036 10/21/2008 10/31/2017
License Number Issued Due Expiration Date

A handwritten signature of "Pat Kohler" over a solid horizontal line.

Pat Kohler, Director

PL-533-158 (R3/16)



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If you currently have an IVIPS number, enter it here _____

Company/Agency name <i>Northwest Asset Recovery + Investigations</i>	Website		
Contact name, Primary applicant and contract manager <i>Richard Tsey</i>	(Area code) Telephone number <i>253-886-8002</i>	Email (required)	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required) <i>NWARI 2016@outlook.com</i>	
Physical address of business (number and street) <i>3702 Auburn Way S Apt K305</i>	City <i>Auburn</i>	State <i>WA</i> ZIP code <i>98092</i>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>604 045 151</i>
Answer the following	6d		
Provide a detailed explanation of your primary business activities (what your business or agency does and how you will use the vehicle and vessel records).	<i>FINANCED COLLATERAL RECOVERY FOR FINANCE COMPANIES AND BANKS. PRIMARILY REPOSSESSION, FOR AUTOS, BOATS AND ATVs</i>		
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
<i>The sole purpose of our company using IVIPS is to MATCH A Auto (VIN) to A License plate. We will only contact the owner with certified letter. We will NEVER disclose ANY info obtained from IVIPS or Finance Company to A 3rd PARTY.</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/livipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/25/16 1C:og
Date and place (county) signed

Richard W Ivey
PRINT or TYPE Name
 R W Ivey
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

October 12, 2016

30

NORTHWEST ASSET RECOVERY & INVESTIGATIONS
3702 AUBURN WAY S APT K305
AUBURN WA 98092-7292

UBI Number: 604 045 151
PAC Code: N058531X

IMPORTANT! Tax Registration Information

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

Filing Due Dates

Your taxes must be filed **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year). If you do not have business activity to report you must still file a tax return.

Based on your business open date, the first return you must file is the Annual 2016 return and is due on January 31, 2017. We will mail your return to you.

How to file your return

- E-file on our website. Filing your state excise tax return electronically saves time and helps your business avoid penalties by calculating taxes due and flagging potential errors. To get started on E-file, go to dor.wa.gov. You will also need your Pre-assigned Access Code (PAC). This is printed below your UBI Number on the front page of this letter.
- Request a printed form. Call our Telephone Information Center at 1-800-647-7706 to request tax return forms using the automated system or speak to a tax representative.
- Download forms. Go to our website at dor.wa.gov.

(over)



(a) [DEBTS IN COLLECTION](#) [REGISTER MY BUSINESS](#) [LOOKUP BUSINESS INFORMATION](#)

[Back to search results](#)

If 'Non-revenue' appears after Tax Registration Number, the account is not registered with the Department of Revenue.
However, it may be registered with other agencies in the state.

Doing business

Business types
Register my business
My account
Audits

Business registration
Business license
Business plan

Business registration
Business license
Business plan

We need your help.

Take a 30 sec survey

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO : 604045151 ACCOUNT OPENED : 10/10/2016 12:00:00 AM
UBI : 604045151 ACCOUNT CLOSED : OPEN

ENTITY NAME : RICHARD IVEY AND MARIVIC TILLMAN
BUSINESS NAME :

MAILING ADDRESS :
3702 AUBURN WAY S APT K305
AUBURN, WA 98092-7292

BUSINESS LOCATION :
3702 AUBURN WAY S APT K305
AUBURN, WA 98092-7292

ENTITY TYPE : PARTNERSHIP

RESELLER PERMIT NO: N/A

NAICS CODE : 561491

PERMIT EFFECTIVE: N/A

NAICS DEFINITION REPOSSESSION SERVICES

PERMIT EXPIRES: N/A

FOR NON-COMMERCIAL USE ONLY

10/16/2016 1:05 AM

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Access Washington

Voter registration assistance (SECRETARY OF STATE)



My DOR

NORTHWEST ASSET RECOVERY & INVESTIGATIONS

LICENSE INFORMATION:

New record - Record created

Entity name: RICHARD IVEY AND MARIVIC TILLMAN
Business name: NORTHWEST ASSET RECOVERY & INVESTIGATIONS
Entity type: Partnership
UBI: 604-045-151 **Business ID:** 001 **Location ID:** 0001
Location: Open

Status: To check the status of this company, go to the link(s) below:
Department of Revenue

Location address:

3702 AUBURN WAY S APT K305
AUBURN, WA, 98092

Mailing address:

3702 AUBURN WAY S APT K305
AUBURN, WA, 98092

ENDORSEMENTS

Endorsements held at this location	License #	Count	Details	Status	Expiration date	First issuance date
Vehicle Transporter			View Plates	Pending	Oct-31-2017	Oct-10-2016

GOVERNING PEOPLE MAY INCLUDE GOVERNING PEOPLE NOT REGISTERED WITH SOS

Governing people	Title
IVEY, RICHARD WADE	Partners
TILLMAN, MARIVIC P	Partners
2 Rows	

REGISTERED TRADE NAMES

Registered trade names	Status	First issued
NORTHWEST ASSET RECOVERY & INVESTIGATIONS	Active	Oct-11-2016

Information current as of 10/16/2016 12:51:54 AM

Contact us

[Your Privacy](#) | [Access Agreement](#)

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WASHINGTON®



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Farmers Insurance - KC Total Loss Department		Website	
Contact name, Primary applicant and contract manager Alexis Ehlers		(Area code) Telephone number (913) 827-5583	
Email (required) alexis.ehlers@farmersinsurance.com			
Contact name 2 (if applicable) Nicholas Baum		(Area code) Telephone number (913) 826-9307	
Email (required) nicholas.baum@farmersinsurance.com			
Physical address of business (number and street) 16850 W 119th Street			
City Olathe		State KS	ZIP code 66061
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Auto, Property Insurance			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
We will not sell or provide the information to anyone else. We will contact the vehicle/vessel owner most often contact with the title holder is a result of ongoing, submitted insurance claim. Generally by phone, document, and/or email. We will not use the information for commercial purpose, making unsolicited business contact, or promoting the sale of any goods or services.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of one of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/20/16 Johnson, KS

Date and place (county) signed

Andrew Gleason
PRINT or TYPE Name

X Andrew Gleason
Signature of business or organization representative

10/20/16

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing Information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, If needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
 Adobe Reader XI or above)

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name RVS Consignments .com LLC dba Blair's I-5 RVS		Website www.i5rvs.com	
Contact name, Primary applicant and contract manager Alexandra Streminski	(Area code) Telephone number 360 273-1500	Email (required) sales@i5rvs.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 5910 Ivan Way SW Rochester			
City Rochester		State WA	ZIP code 98579
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We sell consigned RVs, Auto and Trailers. We need to verify registration &/or title is the latest one and verify ownership.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No, there will not be any need to do any of the above. We will not disclose the information or contact owner that we have pulled the information.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or ✓
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/13/2016 Thurston County
Date and place (county) signed

Alexandra Streminski
PRINT or TYPE Name
 Alexandra Streminski
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name <i>RVS Consignments.com LLC dba Blair's I-5 RVS</i>		
Address, City, State, ZIP code <i>5910 Ivan Way SW, Rochester, WA 98579</i>			
Contact name <i>Alexandra Streminski</i>	(Area code) Telephone number <i>360 273-1500</i>	Email <i>sales@i5rus.com</i>	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use <i>Information is used to verify if there is a leaseholder, current owners, current title names.</i>			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



1124-1 RVS CONSIGNMENTS.COM LLC
BLAIR'S I-5 RVS
5910 IVAN WAY SW
ROCHESTER WA 98579-9125

DETACH BEFORE POSTING



STATE OF
WASHINGTON

Limited Liability Company

RVS CONSIGNMENTS.COM LLC
BLAIR'S I-5 RVS
5910 IVAN WAY SW
ROCHESTER, WA 98579-9125

BUSINESS LICENSE

Unified Business ID #: 602851281
Business ID #: 001
Location: 0001
Expires: Jul 31, 2017

LP GAS METER - SMALL (1)
INDUSTRIAL INSURANCE
MOTOR VEHICLE DEALER #7365

UNEMPLOYMENT INSURANCE
TAX REGISTRATION
MANUFACTURED HOME TRAVEL TRAILER DEALER
#4879

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

BLAIR'S I-5 RVS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith
Director, Department of Revenue

**Vehicle/Vessel On-line Access
Contract Application-LVIPS**

LICENSING
WASHINGTON STATE DEPARTMENT OF

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (LVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html
Do not use this form for personal or individual record requests.

Email (quickest)	lvips@dol.wa.gov	Print and scan or upgrade to Adobe Reader XI or above)
Mail	Vehicle Records Disclosure Unit (360) 570-7895	Department of Licensing PO Box 2957 Olympia, WA 98507 (360) 359-4001
Fax	Vehicle Records Disclosure Unit (360) 570-7895	Phone

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an LVIPS number, enter it here _____

Company/Agency name	Website	www.urbancustombike.com	Contact name 1 JESSICA RUIZ	(Area code) Telephone number (253) 517-7142	EMail (required) urbancustombike@gmail.com	Contact name 2 (if applicable)	(Area code) Telephone number State 4711 Pacific Hwy E Physical address of business (number and street)
City	State	ZIP code 98424	City	State	ZIP code 503091615	Provide one of these identifiers	Taxpayer Identification Number (TIN) Employer Identification Number (EIN) WA Unified Business Identifier (UBI)
Mailing address of business (if different)				Answer the following questions about your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
City				Service & repair on motorcycles. Registered owner information is needed to contact owners when vehicles are left for extended periods of time & work orders remain unpaid.			
City				Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner. This is required information or state that you will not disclose it and will not contact the owner. This is required information.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner. This is required information or state that you will not disclose it and will not contact the owner. This is required information.

Yes, I will contact the owner via registered mail



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

KHALED E SAAD
AMERICAN AUTO & BODY
1901 FREEWAY DR
MOUNT VERNON WA 98273 5438

Unified Business ID #: 603 283 010
Business ID #: 1
Location: 1
Expires: 05-31-2017

TAX REGISTRATION
INDUSTRIAL INSURANCE
MOTOR VEHICLE DEALER #0283

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mall
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name American Auto & Body		Website americanautoandbody.com	
Contact name, Primary applicant and contract manager Kal Saad	(Area code) Telephone number (360) 707-8970	Email (required) khsaad73@yahoo.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1901 Freeway Drive			
City Mount Vernon	State WA	ZIP code 98273	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
<p>Used CAR Dealer. Selling Cars & Truck , Buying Cars . Customer Trade in Cars Finance Companies we sell their defaults customer Vehicles</p>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

No Contact owners.

Will not Provide the registration Record information to an attorney or Private investigator, or to any other Persons or Businesses to comply with DPPA, and Wa State Laws

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name American Auto and Body		
Address, City, State, ZIP code 1901 Freeway Drive, Mount Vernon wa 98273			
Contact name Kal Saad	(Area code) Telephone number (360) 707-8970	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use Lienholder and legal owner satisfied, Verify Registration current.			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/livipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** — Attach a legible copy of your current business license Yes
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/21/16 Mount Vernon

Kel Sapp

PRINT or TYPE Name
X

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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If you currently have an IVIPS number, enter it here _____

Company/Agency name DCE INVESTIGATIVE SERVICES		Website DCEINVESTIGATIVESERVICES.COM	
Contact name. Primary applicant and contract manager JANAYA FARLEY	(Area code) Telephone number (360) 831-3302		
Contact name 2 (if applicable)	(Area code) Telephone number		
Physical address of business (number and street) 8002 NE HWY 99 SUITE B			
City VANCOUVER		State WA	ZIP code 98665
Mailing address of business (if different)			
City		State	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603507027
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I AM A PRIVATE INVESTIGATOR . I WORK FOR ATTORNEYS . I NEED TO LOCAL OWNERS THAT HAVE BEEN INVOLVED IN AUTO ACCIDENTS . WILL VERY BY CASE.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. YES DEPENDING ON THE CASE I AM WORKING. WILL GIVE ONLY WHAT I CAN LEGALLY GIVE TO ATTORNEYS. I WILL NOTIFY THE OWNERS AS THE LAW REQUIRES ME TO DO. I WILL FOLLOW ALL REQUIRED LAWS FOR THE STATE.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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Submit the following documentation with your application:

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

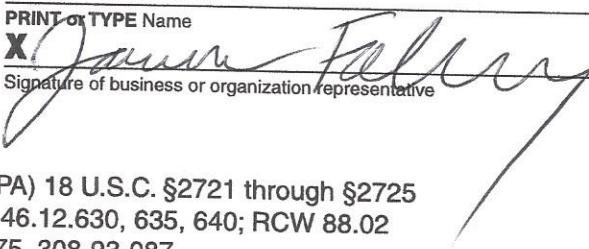
By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

JANAYA FARLEY

PRINT or TYPE Name

X

Signature of business or organization representative



09/20/2016

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

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STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 507 027
Business ID #: 1

JANAYA MELISSA FARLEY
1202 NE 110TH ST
VANCOUVER WA 98685 5548

REGISTERED TRADE NAMES:

ALLIANCE INVESTIGATION SERVICES
DCE INVESTIGATIVE SERICES
FARLEY INSURANCE SERVICES
J.F. INVESTIGATION SERIVCES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith

Director, Department of Revenue

STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A



ARMED PRIVATE INVESTIGATOR
PRINCIPAL, CERTIFIED TRAINER

DCE INVESTIGATIVE SERVICES
JANAYA M FARLEY
1202 NE 110TH ST
VANCOUVER WA 98685

4308

License Number

04/27/2016

Issued Date

04/30/2017

Expiration Date

Licensee Released -

Termination Date / /

A handwritten signature of Pat Kohler.

Pat Kohler, Director

Vehicle/Vessel On-line Access Contract Application—IVIPS

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If you currently have an IVIPS number, enter it here _____

Company/Agency name City of Tacoma - Public works		Website CityofTacoma.org	
Contact name, Primary applicant and contract manager Barney Fields	(Area code) Telephone number 253-591-5426	Email (required) rFIELDS@cityoftacoma.org	
Contact name 2 (if applicable) Shauna Miller	(Area code) Telephone number 253-591-5498	Email (required) SMILLER2@cityoftacoma.org	
Physical address of business (number and street) 747 market St.			
City Tacoma		State WA	
ZIP code 98402			
Mailing address of business (if different) 3401 A Orchard St. S.			
City Tacoma		State WA	
ZIP code 98406			
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Government entity - Public works department.			
Use records for current address to bill for damage to city property.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
Use to locate current address for billing			

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/20/16 Pierce Co.
Date and place (county) signed

Bonnie Fields
PRINT or TYPE Name
 Dade
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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If you currently have an IVIPS number, enter it here _____

Company/Agency name C & V AUTO SALES & SERVICE INC.		Website
Contact name, Primary applicant and contract manager KYLE R CHILDRESS	(Area code) Telephone number (509) 764-8600	Email (required) kyle.childress@yahoo.com
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)

Physical address of business (number and street)
520 S PIONEER WAY

City MOSES LAKE	State WA	ZIP code 98837
---------------------------	--------------------	--------------------------

Mailing address of business (if different)

City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 600108595

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We are a used car dealership that deals primarily with buy here and pay here customers. We will be using this service to track down vehicles for repossession.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not be disclosing the information or contacting the customer.

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9-16-16 Grant County
Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Dawn Wolden

Lyle Childress

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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1	Legal business name C & V AUTO SALES & SERVICE		
Address, City, State, ZIP code 520 S PIONEER WAY MOSES LAKE WA 98837			
Contact name KYLE R CHILDRESS	(Area code) Telephone number (509) 764-8600	Email kyle.childress@yahoo.com	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			
Information used to determine the legal ownership of vehicle and to track down repossession			
2	Legal business name C & V AUTO SALES & SERVICE		
Address, City, State, ZIP code 520 S PIONEER WAY MOSES LAKE, WA 98837			
Contact name JUDY FOGERSON	(Area code) Telephone number (509) 764-8600	Email candvautosal53@gmail.com	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			
Information used to determine legal ownership of vehicle and to track down repossession			
3	Legal business name C & V AUTO SALES & SERVICE		
Address, City, State, ZIP code 520 S PIONEER WAY MOSES LAKE, WA 98837			
Contact name JUAN PINEDA	(Area code) Telephone number (509) 431-3810	Email gps1juan@gmail.com	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use			
Information used to track down repossession			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

Corporation

C & V AUTO SALES & SERVICE, INC.
C & V AUTO SALES
520 S PIONEER WAY
MOSES LAKE, WA 98837

Unified Business ID #: 600108595

Business ID #: 001

Location: 0001

Expires: Jul 31, 2017

UNEMPLOYMENT INSURANCE
TAX REGISTRATION

RENTAL CAR REGISTRATION #R61216
MOTOR VEHICLE DEALER #1472

This document lists the registrations, endorsements, and licensures authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Vicki Smith

Director, Department of Revenue

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a one-time set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (<i>Individual record inquiries</i>) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (<i>Batch process</i>) Frequency (<i>check one</i>): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name First American Title			
Contract contact/manager (<i>IVIPS and Bulk records accounts</i>) Kari Jacobs		Signing Authority name (<i>Bulk records accounts only</i>)	
(Area code) Phone number (253) 850-5230		Email (<i>required for IVIPS and Bulk records</i>) rmailor@firstam.com	
Physical address of business (<i>Number and street, City, State, ZIP code</i>) 24722 104th AVE SE #100 Kent, WA 98030			
Mailing address of business, if different (<i>Address or PO Box, City, State, ZIP code</i>)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
Close Mobile Home Sales			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent		<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	
		<input type="checkbox"/> Service bureau for another business Provide business name: _____	
		<input type="checkbox"/> Storage facility <input checked="" type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____	
		<input type="checkbox"/> Other (explain) _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I need to verify the owner f the Mobile Home when the seller is selling and has lost the Title.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? Sell Provide No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? Yes No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

I will work with them to handel the transfering of the Mobile home to the new buyer.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? Yes No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? Yes No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? Yes No

B Check all that apply

I represent a government agency. Agency name: _____

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?..... Yes No

I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

I represent a data broker/reseller – attach a legible copy of your current business license.
IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

I am an attorney.* Attach legible copies of:

- your current business license
- your current bar card

I am a private investigator.* Attach legible copies of:

- your current Private Investigator license
- your current business license

*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/15/16 Kent, WA

Date and place (county) signed _____

Ben W. Mangold

Title _____

X

Kimberly Jacobs

Signature _____

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

NOTE: When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name First American Title Company	Contact name Rachel Major	Email rmajor@firstam.com	Telephone # (253) 850-5230
1	Address, City, State, ZIP code 24722 104th Ave SE #100 Kent, WA 98030		Subscriber's permissible use To confirm the Legal/Registered owner on the Title of the Mobile Home	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



**City of Kent
Business License**

FIRST AMERICAN TITLE INSURANCE CO
ATTN: SHARON UNDERHILL
9000 E PIMA CENTER PKWY
SCOTTSDALE, AZ 85258

Please tear at perforation



BUSINESS LICENSE

LICENSE MUST BE RENEWED ANNUALLY BY
JANUARY 31 TO AVOID PENALTY

Issuance of License Does Not Imply Licensee's
Compliance with State and Local Laws

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS
PLACE. NOT TRANSFERABLE OR ASSIGNABLE

NAME AND ADDRESS OF BUSINESS

BLC-2100096
FIRST AMERICA TITLE INSURANCE CO
24722 104 AVE SE #100
KENT, WA 98030

Per RCW 82.14 local sales
and use tax must be coded
No. 1715 for all qualified
sales within the city of
Kent.

Year : 2016

A handwritten signature in cursive ink that reads "Suzanne Cooke".

MAYOR

The City of Kent

At 220 4TH AVE SO
KENT, WASHINGTON 98032



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 600 213 895
Business ID #: 1
Location: 39

THE FIRST AMERICAN CORPORATION
FIRST AMERICAN TITLE INSURANCE COMPANY
24722 104TH AVE SE STE 100
KENT WA 98030 5322

TAX REGISTRATION (600 688 453)
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name ARMSTRONG & ASSOCIATES		Website www.gettherightinfo.com	
Contact name, Primary applicant and contract manager James Armstrong	(Area code) Telephone number (360) 525-3220		Email (required) armstrong@gettherightinfo.com
Contact name 2 (if applicable) N/A	(Area code) Telephone number		Email (required) N/A
Physical address of business (number and street) 12469 CASE RD SW			
City OLYMPIA		State WA	ZIP code 98512-9128
Mailing address of business (if different) SAME AS ABOVE			
City SAME AS ABOVE		State WA	ZIP code 98512-9128
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601-252-745

Answer the following
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).
Private investigation agency, we mainly deal with law office's and auto accident investigations as well as criminal investigations, accident recreations / investigations, surveillance.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.
We have no need to contact the owner of the registration document. We are a private investigation company so we do plan on furnishing the records to further aid our investigations. The information will not be disclosed to outside parties, it is strictly for internal investigation purposes only.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

09/09/2016

Date and place (county) signed

James R. Armstrong

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	-
Providing information Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	-
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	-
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	-
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

GARZA, ERNESTO
GARZA'S AUTO REPAIR
3000 E FOURTH PLAIN BLVD
VANCOUVER WA 98661-4662

DETACH BEFORE POSTING



STATE OF
WASHINGTON

Sole Proprietor

BUSINESS LICENSE

Unified Business ID #: 603500592
Business ID #: 001
Location: 0001
Expires: Dec 31, 2016

ERNESTO GARZA
GARZA'S AUTO REPAIR
3000 E FOURTH PLAIN BLVD
VANCOUVER, WA 98661-4662

TAX REGISTRATION

MOTOR VEHICLE DEALER #7884

CITY ENDORSEMENTS:

VANCOUVER GENERAL BUSINESS (EXPIRES 7/31/2017)

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith

Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above)

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name GARZA'S AUTO REPAIR		Website WWW.GAUTOREPAIRS.COM	
Contact name. Primary applicant and contract manager ERNESTO GARZA		(Area code) Telephone number (360) 901-9078	
Contact name 2 (if applicable)		(Area code) Telephone number	
Physical address of business (number and street) 3000 E FOURTH PLAIN			
City VANCOUVER		State WA	ZIP code 98661
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603500592 DL#7884
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>AUTO SALES AND REPAIR. check status on trade-ins or to make sure there not Salvage, Bank liens.</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. MAIL OR IN PERSON			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/8/2016 WASHINGTON

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

1	Legal business name GARZA'S AUTO REPAIR		
Address, City, State, ZIP code 3000 E FOURTH PLAIN <i>Vancouver Wa 98661</i>			
Contact name ERNESTO GARZA	(Area code) Telephone number (360) 901-9078	Email GAUTOREPAIRS@GMAIL.COM	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use CHECK FOR CARS THAT COME IN FOR TRADE IN'S IF THE Y DONT HAVE LEIN'S			
2	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
3	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
4	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to
Adobe Reader XI or above)

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Nationwide Process Service, Inc.		Website www.NationwideProcess.com	
Contact name. Primary applicant and contract manager Aaron Crowe	(Area code) Telephone number (503) 241-0636		Email (required) aaron@NationwideProcess.com
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 1201 SW 12th Avenue, Suite 300			
City Portland	State OR	ZIP code 97205	
Mailing address of business (if different)			
City	State		ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Research on defendants in existing or prospective litigation for the purpose of confirming relevant information to case or fully identifying and/or locating defendant for the purpose of service of process.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
Owner of vehicles will not be contacted by this office. Information will be relayed to an active member of the Oregon or Washington State Bar.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

9/7/2016 @ Multnomah
Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Aaron J. Crowe

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

IVIPS Use and Disclosure Contract
Attachment B
User/Access Request

It is the Contractor's responsibility to:

- a. Read and review the IVIPS Use and Disclosure Contract with each employee listed
- b. Instruct employees not to disclose or share User Sub-Account numbers and passwords and
- c. Notify DOL in writing within 3 business days of any changes to the Contact information (i.e. business owner, business address, phone number, Contract Contact, employee eligibility or if an employee with access leaves employment).

Failure to comply with the above may result in immediate access termination or termination of this Contract.

TYPE or PRINT Business name	IVIPS account number
Nationwide Process Service, Inc.	
1. TYPE or PRINT Employee name Aaron Crowe	User sub-account number
2. Employee name	User sub-account number
3. Employee name	User sub-account number
4. Employee name	User sub-account number
5. Employee name	User sub-account number
6. Employee name	User sub-account number
7. Employee name	User sub-account number
8. Employee name	User sub-account number
9. Employee name	User sub-account number
10. Employee name	User sub-account number
11. Employee name	User sub-account number
12. Employee name	User sub-account number
13. Employee name	User sub-account number
14. Employee name	User sub-account number
15. Employee name	User sub-account number
16. Employee name	User sub-account number
17. Employee name	User sub-account number
18. Employee name	User sub-account number
19. Employee name	User sub-account number
20. Employee name	User sub-account number

This form may be duplicated.

*We are committed to providing equal access to our services.
If you need accommodation, please call (360) 359-4001 or TTY (360) 664-0116.*



Vehicle/Vessel On-line Access Contract Application-IVIPS

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Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here _____

Company/Agency name A&A Towing inc	Website	
Contact name, Primary applicant and contract manager Wendy Trenchick	(Area code) Telephone number (775) 348-6565	Email (required) wendy@aatowinginc.com
Contact name 2 (if applicable) Erica Holt	(Area code) Telephone number (775) 348-6565	Email (required) erica.holt@aatowinginc.com

Physical address of business (number and street) 1395 E 4th st	City Reno	State NV	ZIP code 89512
--	---------------------	--------------------	--------------------------

Mailing address of business (if different)	City	State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		6d	

Answer the following
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

We need to request records for 7 states for lien sale vehicles that were non-consensual impounds.

We are a Towing company that has the authority to impound vehicles

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We need to get the legal and registered owner info on the vehicles to send them letters notifying them on lien sale, date, time and location of auction as well as current fees owed on the vehicle.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8-17-16 / Washoe

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

LICENSE NUMBER 036336	POST IN A CONSPICUOUS PLACE	YEAR LICENSE VALID FROM 03/01/2016 TO 02/28/2017
LICENSE TYPE B1	COUNTY OF WASHOE NEVADA	
This license cannot be transferred or assigned. It is valid only for the licensee and location shown below.		
THIS CERTIFIES THAT IN THE NAME OF LOCATED AT	A & A TOWING INC JOE RIBAR - PRES 1395 E 4TH ST	
A & A TOWING INC JOE RIBAR - PRES 1395 E 4TH ST RENO NV 89512		
This license certifies that the name above has paid the required fees to the license collector of Washoe County and is hereby authorized to conduct business and is subject to the provisions of law.		

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ivips@dol.wa.gov

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If you currently have an IVIPS number, enter it here _____

Company/Agency name HINSHAWS LLC		Website hinshawsmotorcyclestore.com	
Contact name. Primary applicant and contract manager Sara Elliott		(Area code) Telephone number (253) 939-7164	
Email (required) sara@hinshawsmotorcyclestore.com			
Contact name 2 (if applicable) Joseph Kopp		(Area code) Telephone number (253) 939-7164	
Email (required) joeykopp@hinshawsmotorcyclestore.com			
Physical address of business (number and street) 1611 West Valley Hwy S			
City Auburn		State WA	ZIP code 98001
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603556416
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Motorcycle sales and service for new and used motorcycles, trailers and watercraft			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
We will only use the information provided to see if there is a clear title for trade in purposes			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

November 16, 2016 king county

Date and place (county) signed

Sara Elliott

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
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- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/5/2017 Yamhill County

Date and place (county) signed

lyndsy Gale
PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
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If you currently have an IVIPS number, enter it here 13a

Company/Agency name Gales Towing and Recovery Inc		Website galestowing@gmail.com	
Contact name, Primary applicant and contract manager Lyndsy Gale	(Area code) Telephone number (503) 434-9000		
Email (required) galestowing@gmail.com			
Contact name 2 (if applicable) Brad Gale	(Area code) Telephone number (503) 434-9000		
Email (required) galestowing@gmail.com			
Physical address of business (number and street) 375 ne hwy 99w			
City mcminnville		State oregon	ZIP code 97128
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
We are a towing company in McMinnville Oregon. We occasionally tow vehicles in the state of Oregon that are registered in washington. We need access to the online system to obtain owner information to notify the registered owner that we have their vehicle in our possession.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
A lien letter is sent in the mail to the current address on file of the registered owner informing them that the vehicle is in our possession. The lien is valid for 15 or 30 days.			

VEHICLE DEALER CERTIFICATE

DA7126

EFFECTIVE: MARCH 1, 2017 EXPIRES: FEBRUARY 29, 2020

Issued To:

GALES TOWING & RECOVERY INC

DBA: GTR SALES & SALVAGE & TOWING

375 NE HWY 99W

MCMINNVILLE OR 97128

This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

*Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314*

***ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ***

Vehicle/Vessel On-line Access Contract Application—IVIPS

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 Vehicle Records Disclosure Unit
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 PO Box 2957
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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have an IVIPS number, enter it here _____

Company/Agency name Harlowe & Falk, LLP		Website harlowefalk.com	
Contact name, Primary applicant and contract manager Robert Nettleton	(Area code) Telephone number 253.284.4412	Email (required) rnettleton@harlowefalk.com	Physical address of business (number and street) 1 Tacoma Ave. N. Suite 300 City Tacoma Mailing address of business (if different)
Contact name 2 (if applicable) Terri Campbell	(Area code) Telephone number 253.284.4423	Email (required) tcampbell@harlowefalk.com	
City Tacoma		State WA	ZIP code 98403
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) [REDACTED]	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
In Guardianship and Probate cases we may need to determine if vehicles/vessels on a property belong to our client in order to be sold or disposed of.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

If the vehicle/vessel is determined to be owned by the client it would be sold or disposed of by the guardian or administrator of the Estate. If it is not owned by the client we would attempt to contact the owner to have it removed from the property.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

4/3/17, Pierce Co.

Date and place (county) signed

Robert Nettleton

PRINT or TYPE Name

X Robert Nettleton 4/3/17

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



WASHINGTON STATE BAR ASSOCIATION

Active Member

Mr. Robert Blake Nettleton

WSBA-ID: 17403

Admitted: 10/1987

Robert B. Nettleton

Member Signature

Working together to Champion Justice



Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895
Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here **13a**

Company/Agency name Dani, Inc. DBA Advanced Recovery of Seattle & Tacoma/Olympia		Website Advancedrec.com	
Contact name. Primary applicant and contract manager Heidi Stevens	(Area code) Telephone number (253) 395-4400	Email (required) Heidi@advancedrec.com	
Contact name 2 (if applicable) Brian Conger	(Area code) Telephone number (360) 515-8271	Email (required) Brian@advancedrec.com	
Physical address of business (number and street) 1188 Valentine Ave SE			
City Pacific		State wa	ZIP code 98047
Mailing address of business (if different) PO Box 58482		State wa	ZIP code 98138
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 601604343
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Collateral Repossession. We repossess secured collateral for finance companies such as cars, trucks, motorcycles etc.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not intentionally contact the registered owner. (If they come out during repossession, it is not our intention)			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

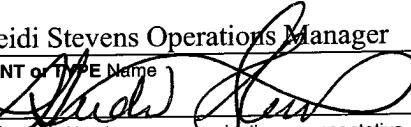
- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Heidi Stevens Operations Manager

PRINT or TYPE Name

X

Signature of business or organization representative

3/31/2017

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
Ivips@dol.wa.gov
 Print and scan or upgrade to
Adobe Reader XI or above

Mail
 Vehicle Records Disclosure Unit
 Department of Licensing
 PO Box 2957
 Olympia, WA 98507

Fax
 (360) 570-7895
Phone
 (360) 359-4001

Do not use this form for personal or individual record requests.
 Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

Company/Agency name Thrifty Park Inc DBA U-Park System		Website	
Contact name, Primary applicant and contract manager Kenneth Phillips Jr		(Area code) Telephone number (206) 284-9797	
Email (required) kenjr@u-parksystem.com			
Contact name 2 (if applicable) Vicki Allen		(Area code) Telephone number (206) 284-9797	
Email (required) vickiallen@u-parksystem.com			
Physical address of business (number and street) 5 West Harrison Street			
City Seattle		State WA	ZIP code 98119
Mailing address of business (if different) Po Box 9652			
City Seattle		State WA	ZIP code 98109
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Operation of private parking lot services in the greater Seattle area. Customers who fail to pay, or overstay previously paid advertised parking fees, are issued a parking violation notice demanding payment that can be paid online or mailed in an attached envelope. Customers who fail to pay violation notices are contact via US mail using information obtained from the IVIPS system.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Customers are mailed a letter demanding payment within 14 day via US mail. Customers who do not respond or fail to submit payment with the 14 days are sent a second letter again demanding payment in full or the matter will be referred to a contracted private collection agency.			

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 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

MARCH 29, 2017
KING COUNTY, WA

Date and place (county) signed

KENNETH M. PHILLIPS JR.

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



BUSINESS LICENSE

STATE OF
WASHINGTON

Corporation

THRIFTY-PARK, INC.
U-PARK SYSTEM
5 W HARRISON
SEATTLE, WA 98119

Unified Business ID #: 578038736

Business ID #: 001

Location: 0001

Expires: Feb 28, 2018

NURSERY RETAILER - ACTIVE
INDUSTRIAL INSURANCE #260586003 - ACTIVE

UNEMPLOYMENT INSURANCE #22535500 - ACTIVE
TAX REGISTRATION - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

U-PARK SYSTEM

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink, appearing to read "Vicki Smith".

Director, Department of Revenue

Redaction Log

Reason	Page (# of occurrences)	Description
13a	1 (1) 6 (1) 12 (1) 17 (1) 38 (1) 96 (1) 101 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6d	17 (1) 23 (1) 30 (1) 33 (1) 38 (1) 46 (1) 51 (1) 54 (1) 68 (1) 70 (1) 80 (1) 87 (1) 90 (1) 96 (1) 98 (1) 101 (2) 103 (1)	RCW 42.56.230(4); 42 U.S.C. § 405(c)(2)(C)(viii)(I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.
no reason	1 (1)	---